



DECLARATION

As a sole inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I am an original, first and sole inventor of the subject matter of the subject matter which is claimed and for which a patent is sought on the invention entitled: VENTILATOR AND METHODS FOR TREATING HEAD TRAUMA the specification of which was filed on September 11, 2003 as Application No. 10/660,462.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

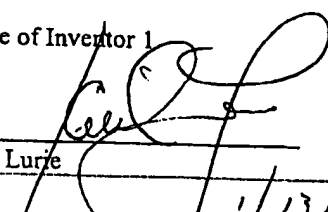
Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status
10/460,558	June 11, 2003	Pending
10/426,161	April 28, 2003	Pending

Full Name of Inventor 1:	Last Name: LURIE	First Name: KEITH	Middle Name or Initial: G.
Residence & Citizenship:	City: Minneapolis	State/Foreign Country: Minnesota	Country of Citizenship: United States
Post Office Address:	Post Office Address: 4751 Girard Avenue South	City: Minneapolis	State/Country: Minnesota
			Postal Code: 55409

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Keith G. Lurie
Date 1/13/04

Please type a plus sign (+) inside this box →



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/660,462
Filing Date	September 11, 2003
First Named Inventor	Keith G. Lurie
Group Art Unit	3736
Examiner Name	
Attorney Docket Number	016354-005211US

I hereby appoint:

☒ Practitioners at Customer Number
OR

20350

Place Customer
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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Name	Advanced Circulatory Systems, Inc. By: <u>Michael R. Black CFO</u> Print Name and Title
Signature	<u>Michael R. Black</u>
Date	1/13/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Keith G. Lurie

Application No./Patent No.: 10/660,462

Filed/Issue Date: September 11, 2003

Entitled: VENTILATOR AND METHODS FOR TREATING HEAD TRAUMA

Advanced Circulatory Systems, Inc., a Minnesota Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____%

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
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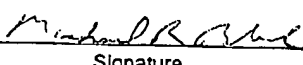
☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

1/13/04
Date

Mike Black
Typed or printed name

Signature
Chief Financial Officer
Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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